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AUTHOR Ysseldyke, James E.; And Others
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ABSTRACT

Findings related to instructional intervention and decision making from four in-depth ecological case studies were integrated and analyzed. The case studies focused on four early childhood special education (ECSE) programs that were characterized by a variety of approaches to ECSE decision making and by urban, suburban, and rural locations. The considerable variability found among the programs' intervention practices appeared to be influenced by demographic characteristics and available funds, program experience, and staff experience. Consistencies were seen across programs for team approaches to interventions, formulations of individualized education programs, and individualization of intervention practices. Trends affecting program effectiveness included availability of specialists, frequent change of program location, lack of formal evaluation of the intervention program, and relationship between ECSE efforts and those of regular education programs. (Author/CB)

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University of Minnesota

RESEARCH REPORT #13

POLICY ANALYSIS OF INSTRUCTIONAL INTERVENTION AND DECISION MAKING IN EARLY CHILDHOOD SPECIAL EDUCATION PROGRAMS

James E. Ysseldyke, Martha L. Thurlow, Paula A. Nania,
Patrick J. O'Sullivan, Jill A. Weiss, and Camilla A. Lehr

EARLY CHILDHOOD ASSESSMENT PROJECT

September, 1986

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Abstract

Findings related to instructional intervention and decision-making from four in-depth ecological case studies were integrated and analyzed. The case studies focused on four early childhood special education programs that were characterized by a variety of approaches to early childhood special education decision making, and by urban, suburban, and rural locations. Identified issues related to instructional intervention are addressed in this report. The analysis is used to develop a set of considerations and guidelines for early childhood special education programs.

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Policy Analysis of Research Findings on Instructional Intervention and Decision Making in Early Childhood Special Education Programs

James E. Ysseldyke, Martha L. Thurlow, Paula A. Nania,
Patrick J. O'Sullivan, Jill A. Weiss, and Camilla A. Lehr

Early childhood education programs serving handicapped children are a growing phenomenon in all parts of our country. In order to meet federal mandates, states have spent the past decade developing, implementing, and funding such programs. These programs have been developed and implemented out of necessity and rarely from a well-documented knowledge base that tells us with certainty the characteristics of effective educational practices for handicapped preschoolers. Research reported in the professional literature does not tell us what alternative practices may be viable and effective in settings that vary in size, location, and demographic characteristics. Further, it is important to keep in mind that practices that work best with a specific population or in a certain type of setting may not be good practice, or even viable, for some districts. It is likely that a given practice will have varying implications and outcomes for different districts.

The intervention program itself, with its day to day functioning and classroom activities, is the one component of the entire process of serving handicapped preschool children that has been most under the scrutiny of funding sources and researchers. It is no longer enough to simply have programs serving this population; now their efficacy and cost effectiveness are being questioned. Questions about program and student outcomes have come to the forefront. An important task for contemporary researchers and service providers is to begin to

examine the aspects of differing instructional interventions that might produce the best outcomes for different populations in school districts of varying social, political, and economic characteristics.

An in-depth descriptive study of the Early Childhood Special Education (ECSE) programs of four school districts in a large midwestern state was conducted. This document is a summary of descriptive information about interventions across settings. Its purpose is to describe the variability that was found across settings, to identify trends that exist across programs, to comment on the issues raised about intervention practices in early childhood special education programs, and to develop a set of considerations and guidelines for programs.

Definition

The term "intervention" refers to the organized opportunities and experiences that public school districts provide to eligible children in their districts, at no cost to the child's family. These opportunities and experiences are planned and provided so as to enable student participants to function in mainstream educational placements to the full extent of their abilities, and at a time as soon as possible in the future. Intervention is a process distinct from, yet related to, preschool screening, diagnostic assessment, exit, and follow-up. Although other goals and aspects could be incorporated in such a definition, these are considered to be the basic components.

Research Questions

With this basic definition in mind, several defining questions were asked concerning the intervention decision-making practices in the four early childhood special education (ECSE) programs that were investigated:

(1) Who are the eligible participants?

- How many children are served in the program?
- Are there limits to the number of children that can be served?

(2) Who else is involved in intervention?

- What professionals are members of the intervention staff?
- How do they deliver their services?
- What are the program administrator's roles and responsibilities?
- How, if at all, are the parents and families of the participating children involved?

(3) When does intervention take place?

- How many hours per day and how many days per year are available?

(4) Where does intervention take place?

- In what building is the program located and how much space does the program have?

(5) How is the program funded?

- For what are funds available?

(6) What is the content of the program?

- What happens on a day to day basis?
- How are instructional decisions made and revised?
- What kind, if any, of ongoing evaluation and monitoring of progress takes place, and who does it?

(7) On what basis are Individualized Education Plans (IEPs) written?

- When are they written, and who has input?
- When and how often are they reviewed and/or revised?

(8) How does the district evaluate its intervention program?

Method

Subjects

Four school districts were considered to be the subjects in this investigation. Within these districts, the focus was on the early childhood special education program and the preschool screening program. Many individuals within and outside these programs provided information for the study. The general characteristics of the four programs (given fictitious names) are presented here.

The Elmwood program is located in a suburban school district that serves primarily a middle- to upper-middle class population (Bureau of the Census, 1982), with almost 50% of the families earning an income above $30,000. The school district serves approximately 7,000 students in pre-kindergarten through grade 12 classes each year; only 2% of whom are minorities. Each year, the early childhood special education program serves approximately 30 children.

The Birchwood program is located in a large urban school district serving more than 35,000 pupils in grades pre-kindergarten to 12. Compared to other districts in the state, this district falls at the 42nd percentile for median family income, and the 12th percentile in median age of residents (Bureau of the Census, 1982). About 38% of

the residents belong to minority groups, and 45% of special education preschoolers are minorities (School District Information, 1985).[1] Within the early childhood special education program, School 1 serves an average of about 200 handicapped four-year-old children in 13 classrooms during the school year. These children attend half-day sessions five days per week for up to nine months. About 90% of all handicapped preschoolers attend School 1, and the remaining severely handicapped preschoolers attend School 2 (physical handicaps), School 3 (hearing-impaired), and School 4 (autism).

The Oakwood program is located in a rural school district that has a total population of approximately 6,000. About 94% of the families in the district are above the poverty level (Bureau of the Census, 1982). The school district enrolls approximately 1,500 pupils in pre-kindergarten through grade 12 programs each year, about 2% of whom are minorities. In the 1985-86 academic year, 14 children were enrolled in this program.

Two components form the Maplewood program, which is located in a suburban school district that encompasses six communities. The total district population is approximately 33,763, with 99% of its families above the poverty level (Metropolitan Council, 1985). The school district enrolls approximately 8,400 pupils in pre-kindergarten through grade 12 programs each year. In the 1985-86 academic year, 42 children were enrolled in this program.

Procedure

The four sites were selected to reflect a range in demographic characteristics (including community characteristics, and size of program) and in approaches to diagnostic assessment. Also, because data collection procedures required extensive contact with the sites, proximity to the research center was considered in this selection process. All sites contacted agreed to participate in the research.

One research team member was assigned to each participating district and acted as primary contact person and data collector. Typically, more than one person collected data in each site. In three of the districts, data collection took place during an eight-month period. Due to time and travel restrictions, all data from the rural site were collected during a three-month period in the spring.

Data collection procedures included: (a) observations of meetings, classroom activities, and screening and assessment procedures, (b) extensive interviews with various staff and administrative personnel, (c) file searches, and (d) parent surveys. Although specific data collection procedures varied as a function of differences in the programs, the same research questions were asked in all sites. Detailed information describing preschool screening, diagnostic assessment procedures, the instructional programs, program exit procedures, and follow-up data on student participants was gathered for each site. (See Ysseldyke, Thurlow, Lehr, Nania, O'Sullivan, Weiss, & Bursaw, 1986, for the full descriptive reports.)

Results

Student Participants

Student participants in the four early childhood special education programs were those children who had been identified as in need of special services by the districts through screening and/or diagnostic assessment procedures. In three of the districts a child could bypass part or all of these two procedures if previously identified as handicapped or having obvious needs (see Thurlow, Ysseldyke, Lehr, Nania, O'Sullivan, & Weiss, 1986, and Ysseldyke, Thurlow, O'Sullivan, Weiss, Nania, & Lehr, 1986, for detailed descriptions of these processes). The handicaps of the children served in the programs ranged from mild to severe, and included physical, social/emotional, speech/language, and cognitive handicaps. All of the programs served children 4 and 5 years of age. Two also served 6- and 7-year-old children; one program served 3-year-old hearing impaired children. The number of children served over the course of the year in the programs ranged from 14 to 232; the number of children served in any one classroom ranged from 6 to 14. Although there were limits on student-teacher ratios for individual classrooms, there seemed to be no overall limit to the number of children any program would serve at one time.

All classrooms in the programs, except the hearing impaired classrooms of one program, were multicategorical. The largest program was multicategorical by choice. In the Birchwood program, entering children were rated in terms of how much behavior management or

teacher attention they would need, and these estimates were balanced across classrooms when assignments were made. The remaining programs were multicategorical because of smaller enrollments that did not allow categorical divisions. One component of the Maplewood program reported that pupils were grouped into morning and afternoon sections based on busing considerations, but stated that in the coming year they will be dividing the pupils into classes based on qualitative factors. In another program, the summer session's classrooms were divided on the basis of severity of behavioral concerns; this pattern sometimes was adopted for the classrooms during the regular school year. In another program's district, there was a policy that children are not given categorical labels until they are of elementary school age.

All but the Birchwood programs allowed children to stay in the program as long as services were needed and if the child was within age limits. Birchwood first set its restrictions for the past year; except for hearing impaired children (for whom no other appropriate preschool placements were available), a limit of one academic year was set, even if the child entered the program mid-year and received as little as 2½ months of service. One of the programs with no restrictions (Elmwood) was in the process of changing eligibility criteria; this change resulted in greater numbers of children being able to spend additional time in the program. All districts were in the process of determining how to comply with new state laws requiring that all eligible 3-year-old children be served statewide during 1986-87.

Staff Participants

A wide variety of professionals provided direct and indirect service to the student participants. The in-class staff ranged from one teacher and one aide to two full-time teachers and two aides. The programs generally provided service via a team approach. For the majority of the programs the rest of the team was housed in the same building. But, in Oakwood, the other service providers were housed in a building 20 miles away. Teams always included teachers, aides, administrative personnel, speech and language clinicians, and occupational therapists. Frequently, but not always, they included social workers, school nurses, adaptive physical education teachers or physical therapists, psychologists, and vision and hearing consultants/teachers. One program had a very large staff, with little turnover noted in recent years. Another had a much smaller staff, but had high turnover rates within the past few years.

Large variability was found in the number of years of experience of the staff members. For the most part, all reported being licensed in their specialty area. One exception was a lead teacher who had not been certified for early childhood special education, but was experienced in teaching elementary handicapped children and was in the process of obtaining early childhood certification.

In some programs, staff functions and roles were clearly defined and separate, while in other programs there was a good amount of self-reported overlap in staff functions, which in some cases was reported to cause confusion and duplication of functions. In some programs the

same people comprised both the teaching and diagnostic assessment teams. In one of these programs, some individuals believed that this situation led to some staff "burn-out."

All programs held regular staff or team meetings to discuss student progress or programming or professional issues. There was a good deal of between-program variation in the functions and responsibilities of the program administrators. The role of the Maplewood administrator was characterized as being that of overseeing operation of the total program, providing information to the community, and coordinating services with other district agencies and programs. This position was a full-time one, and the person was housed in the same building as all of the program's classrooms and offices. This administrator also acted as coordinator of the district's preschool screening program. Roles for this position included making policy decisions related to major changes in the intervention program (e.g., changing the number of days per week that intervention is offered), dealing with daily problems (e.g., late buses), leading staff meetings, managing budget issues, and providing the program with staff.

The administrator of the Elmwood program was also the program's social worker. Each position is considered a half-time position. This person shared an office with another professional in the building where the program was housed. Duties as program director included conducting team meetings, participating in "child study" meetings, handling staff and task problems, evaluating programming, handling

referrals from preschool screening, writing reports, letters, and policy statements, interviewing and hiring staff, coordinating activities with other community agencies and programs, and meeting with other district or regional staff for information exchange. This administrator generally had little to do with budget matters.

Maplewood's administrator also had the full-time position of district "special education coordinator" and, in addition to the ECSE program, was responsible for other special education programs up through grade 12. This person was housed in the same building as one of the ECSE program's two components. This person did not deal directly with budget issues or with the hiring of staff, although occasionally was involved in the interview process. Her day to day dealings with the program included leading staff meetings, coordinating parent meetings, coordinating services with other district agencies and programs, sitting in on team meetings, and acting as a liaison with the district's special education director, who handled budget and staffing matters. In addition, this person participated in the diagnostic assessment process by administering readiness tests. This administrator generally was involved in the issues related to the overall structure and functioning of the program.

The administrator of the Oakwood program also acted as principal of the elementary (K-6) program which was housed in the same building as the ECSE program. Major responsibilities in relation to the ECSE program were to hire and supervise staff, to submit a budget for the

program to the district superintendent, to act as liaison between the program and the director of special education (whose staff members provide services to the program) and to review placement decisions made for students by the staff. This administrator did not attend staff or team meetings, and had no active role in program planning.

Parent Involvement

All programs provided opportunities for parent involvement. Some were informal, such as open visiting policies and "notebook systems" in which teachers and parents exchanged notebooks with written notes. Some programs sent monthly calendars home, or provided open houses, support groups, or family nights. The programs generally provided parents with little opportunity to participate in making instructional decisions and formulating IEPs, but did allow parents veto power over decisions made for their children. Occasional or regularly scheduled home visits by staff members also were a part of all programs, but not necessarily for all children. Two programs had stated goals of increasing parent participation and understanding.

When Does Intervention Take Place?

The ECSE programs generally followed the districts' regular school schedules, with the programs operating for approximately nine months, from September to late May or early June. Hours ranged from as little as 11.25 hours per week to as much as 25 hours per week. The programs were generally in session four or five days per week. Some provided service only half-days, whereas others provided half- or

full-day programs depending on the individual child. Two programs offered summer programming. Another encouraged parents to have their child participate in a neighboring district's ECSE summer program.

Where Does Intervention Take Place?

There was great variability in where the early childhood programs were housed. One common theme, however, was that the programs frequently changed locations, often to make room for expanding elementary programs. Only one program (Oakwood) had been housed in the same location, one of the district's elementary schools, since its inception three years ago. Although it had only one classroom and no office space for its teaching staff, the program had access to the building's gym. Its administrator was housed in the same building, as was the district's elementary special education lead teacher, who also serves the program. However, other specialists who served the students in this program were housed in a building 20 miles away.

The largest program, Birchwood, which is changing location, had for several years been housed in a large building that provided space for 13 classrooms, a gym, an outdoor enclosed playground, office space for its administrator and clerical staff, a library, parent education rooms, offices for supportive professionals (e.g., social workers, psychologist, OT), and the preschool screening staff. The location of this program was now being changed to a remodeled junior high; an elementary program was taking over its previous location.

The Elmwood program reported having two classrooms and office space to be shared with another program in a community building that

also housed day care and nursery school programs. This program also had access to a gym, a cafeteria, a conference room, and a playground. The program had changed location several times in recent years, but had no recent plans to move.

The Maplewood program's set-up was unique in that its two classrooms were housed in two buildings located two miles apart; the two classrooms served populations of slightly different skill levels and each had its own teaching staff. Although the program was divided into these two separate components three years ago, they were housed in the same building until the past year. In their latest locations, one component had three large classrooms (one is used by the OT, another as offices for teachers, the nurse, and the speech and language clinician) located in a building with the district's early childhood family education program, regular education early childhood classrooms, and the district's administrative offices. This program component also had access to gym. The second component, which again was being moved, had been located in the same building as a K-6 program that had EBD classrooms and a special education resource room. Two regular kindergarten classrooms were right across the hall from this program component, which also had access to a library and gym.

Program Funding

It was difficult to document specifically where funding came from and for what purposes it was used. Funding generally came from federal, state, and local sources, and was used for salaries and materials. How monies were spent was determined at several

administrative levels. Satisfaction with sources available ranged from good (mostly in the administrative levels) to poor (noted by some of the classroom teachers).

Program Content

There was great variability in what was reported to happen on a day-to-day basis among the programs, and among classrooms within the four programs. In all programs, it was the teachers' or teaching team's responsibility to plan the instructional program. Administrators have very little to do with planning curriculum or day-to-day activities. All programs have developed their own curriculum and did not report using any "packaged" curricula.

All programs followed established daily schedules that included slots for activities such as group time, gym, snack, work time, and guided play. One classroom, which followed a modified kindergarten curriculum, included daily periods for social studies, science, art, reading, math, etc. "Group times" often consisted of demonstrations, stories, or music, and these group language activities often were led by a speech and language clinician. In fact, in three of the four programs the team's speech and language clinician was in the classroom for a good portion of the instructional period. Although these were "group" activities, children often were called on to participate as individuals in these activities. "Work time" or "guided play" periods were generally times when children work individually or in groups on self- or teacher-chosen activities. The activities were generally of a fine motor or dramatic play nature, and involve readiness or

preacademic activities. It was also during these times that eligible children were taken from the classroom to be served by specialists such as the speech therapist or adaptive physical education teacher. School psychologists generally also conducted social skills groups during these times.

There was also variety in the goals that teachers reported having for all of their students; these goals were beyond those listed in individul IEPs. Some were broad and involved preparing students for regular education settings. Teachers in one program included goals that went beyond an educational focus, such as building self-esteem and instilling the belief that school is a worthwhile and safe place to be. Two of the programs had statements regarding the importance of play for their students' development and well being. Several teachers mentioned goals related to social and emotional functioning.

Progress monitoring procedures and instructional decision making were other areas in which the programs differ. In the Birchwood program, the teachers were said to have great individual freedom in determining how to monitor student progress. It appeared that both formal and informal methods were used, but that the procedures chosen were always dependent on the specific child and teacher involved. Each professional evaluated student progress in the professional's area of service.

In the Elmwood program, no formal monitoring appeared to be taking place. Professional judgment was the primary basis for changing instructional plans. This program was a fairly small one,

and all of the professionals were well acquainted with their students. During weekly team meetings, the professionals providing services gathered to share observations and make joint decisions on instructional strategies for individual students.

The two components of the Maplewood program had different procedures in this area. The first component relied mostly on informal methods such as staff observations. However, staff members sometimes did formal assessment to procure test scores for IEP conferences. The second component used a teacher-developed monitoring system that consisted of checklists and files of work samples. The teacher in this component also conducted formal testing (e.g., Brigance), generally two times per year. It seems that the other professionals (e.g., OT) serving the two components kept more detailed written records of intervention sessions and child strengths and weaknesses.

The Oakwood program's teaching staff reported that they were engaged in daily informal monitorings upon which they base daily instructional changes, and that they conduct formal evaluations two times per year (e.g., Brigance, PPVT-R, videotapes of language samples).

Individual Education Plans (IEPs)

All of the programs formulated IEPs for their student participants. The initial IEPS generally were written soon after the assessment had been completed, by the assessment teams that performed the diagnostic assessments. In three of the programs, the IEPs were

written in general terms or were considered tentative or transitional IEPs. In this case, teachers or other service providers on the teaching team filled in specific goals as they were identified, generally within a period of four to six weeks after the child began receiving services in the classroom. This process took place because team members believe that diagnostic assessment results often are not specific enough to pinpoint student needs and/or because the summer break often occurs between the time of assessment and the time intervention begins; needs may change during that time. The fourth program wrote detailed initial IEPs soon after diagnostic assessment. Changes in these IEPs took place informally after intervention started.

Three of the programs hold periodic reviews of each child's IEP every six months, although it is possible to hold them more often if desired (e.g., if the child was making excellent progress). One program holds reviews only at the end of the year. Various team members and parents were generally present at the reviews.

It seemed to be a rare occurrence that the team would decide to "graduate" a child from a program at a time other than the end of the year. This did happen when soon after entering the program, the child was determined to not be in need of services, or when the child had met all his/her IEP goals and was going to be promoted. More often a child would be placed in a regular education program for half of the day while remaining in the ECSE program for the other half.

Program Evaluation

Although some programs informally or formally followed program "graduates" for a time after their exit from the program (see Thurlow, Ysseldyke, Weiss, Lehr, O'Sullivan, & Nania, 1986), none of the programs evaluated in any systematic manner their intervention program. No data on program effectiveness was available from any of the sites.

Discussion

Much of the reported variability found among the programs' intervention practices was expected, especially in light of differing demographic characteristics (e.g., other educational programs in the system and prevailing attitudes toward providing services), characteristics of the early childhood population being served (e.g., numbers and types of children eligible for services), and available funds (e.g., availability of specialists to work as part of the intervention team). Other variations (e.g., how smoothly the program functioned and how well defined goals were), could be explained by differences in the length of time the programs had been in existence. Still other variations (e.g., the nature of the day-to-day activities and the utilization of staff) could be accounted for by how experienced the staff was in working with early childhood populations. Variations found across and even within programs made sense in light of community idiosyncracies.

There were also factors found to be consistent across programs that were not surprising. Many of these reflected recommended

educational practices, such as team approaches to intervention for children with widely varying needs, formulating IEPs to specify needs and instructional plans, and individualizing intervention practices for individual children.

However, also noted were trends that appeared unrelated to program characteristics. In particular, four of these trends were unexpected. First, the amount of services individual children received from specialists such as OTs, PTs, and speech and language clinicians, although based to some extent on student needs, to a greater extent were based on and restricted by the availability of the specialists. In some programs, this was due to the large number of children requiring services from the specialist. In others, it was due to the commitments the specialists had to children in other programs. Although children were felt to be in need of additional services based on assessment results or professional judgment, they were not receiving the amount felt to be necessary for optimal progress. The nature of the service to which this pertained (e.g., speech, physical therapy, etc.) varied among the programs.

A second trend that was counter to the efficient provision of services was the frequent change of location for the ECSE programs. Accompanying these moves are concerns about isolation from regular education programs, including those into which children might have opportunities to be mainstreamed, insufficient or less than optimal space and facilities, and the time lost in organizational efficiency. Program space was often lost to expanding elementary programs. This

trend suggests somewhat questionable commitment by districts to serving early childhood handicapped populations. It also raises issues related to the priorities of the administrating bodies, and the understanding that upper levels of the administration have about the needs of the ECSE programs.

The third trend is the lack of formal evaluation of the intervention programs themselves. None of the programs had plans to document the efficacy of their intervention programs. Although individual child gains were noted in individual records or short-term follow-up data was available on some children, no systematic checks on program outcomes existed. Program revision appeared to be based primarily on staff judgment and satisfaction.

The relationship between the ECSE programs' efforts and their corresponding districts' regular education programs composes the fourth trend. All programs stated that their goal was to prepare their students to function in regular education settings. Yet, in only one case was any indication of regular communication between the systems and a coordination of goals found. In this program the contact centered around transitioning students into elementary programs and involved exchanging classroom visits. For the most part, the ECSE programs were isolated from their district's regular education programs; little communication existed between the systems. The ECSE programs were dedicated to remediating student problems that might interfere with later educational success, yet appeared to be doing so without a knowledge of the demands that would be placed upon

their "graduates" within specific regular education programs. Regular education programs vary in their curricular goals, their behavioral and social demands, and in the specific prerequisite skills needed to function within them. Yet, with the exception of one program, the ECSE programs did not appear to be coordinating their goals with other systems' goals. The extent to which this reflects or results from their isolation within the district should be examined.

Guidelines and Considerations

Early childhood special education programs often argue that their primary purpose is to intervene with young children prior to school entrance. But, few guidelines exist about how to proceed with the intervention process. Different programs appear to use different strategies as the need arises. It would be unwise, given our current state of knowledge, to attempt to define the most efficient or effective approach to instructional intervention for students prior to school entry.

However, the trends that were identified for the four programs point to specific issues that should be addressed by early childhood special education programs. Current programs must be able to deal with these issues and formulate policies that will do so.

The following guidelines and considerations are presented to educators interested in setting up, evaluating, and/or improving intervention programs for children prior to school entrance.

1. Develop a system for monitoring student progress and evaluating student outcomes.

Early childhood special education programs cannot continue to operate in the absence of student performance and program outcome data. Without information on the effects of a program, it is impossible to continue to justify its existence. Outcome data are important not just for documenting the extent to which services are needed, but also for monitoring student progress and the need for instructional modifications.

2. Establish the validity and importance of the early childhood special education program.

Current findings indicate that the provision of early childhood special education services is seen as very low along the school district's importance dimension. This barrier must be overcome if early childhood special education programs are to be effective.

3. Early childhood special education programs must pave the way for meaningful interaction between special educators and regular educators.

Interaction and communication must be promoted, not just within programs, but even more importantly, with regular educators, and their administrators. Needs for the transition of students from early childhood to regular school programs must be established. This must be a joint endeavor of early childhood special education and regular education programs.

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Footnotes

[1]School district information sources included special education program handbook (1984, a school district annual report [1985] and student statistical report [1985], and a brochure [1985] about learning opportunities for preschoolers in the school district.

[2]It should be noted that the number of children screened and the participation rate provided in Table 1 were derived in different ways. In Oakwood, the participation rate was estimated by the district's Early Childhood Coordinator. The participation rate for Maplewood was estimated by taking the number of children screened and dividing by the kindergarten enrollment for the same year. In other programs, participation rates were calculated by dividing the number of children

screened by the number of children eligible for screening (based on census data).

[3]In the Elmwood program, the term "screening" was also used to denote brief (e.g., one hour) assessment that typically followed PSS screening. For example, a child referred for ECSE assessment may be briefly screened in the speech/language area rather than thoroughly assessed, if no serious problems or concerns in speech/language skills were noted during PSS screening. In this context, screening was defined as "attending to" or observing a developmental area without using standardized assessment tools.

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